



U.S. Department of Transportation
Federal Aviation Administration
800 Independence Ave., SW
Washington, DC 20591

INVOICE For New Applicants

Invoice No. **AI-03-NEW-**_____, 2003
2 digit airline code

Airline Name	City	State	ZipCode
Point of Contact	Phone		
Fax	E- Mail		

Description of Charges: New FAA Third Party War-Risk Liability Aviation Insurance Policy

Effective Period: 00:00 GMT _____, 2003 until 23:59 GMT August 12, 2003.

PREMIUM CALCULATION:

The premium for Parts I (Hull Risk Insurance), II (Passenger, Crew, and Property Liability) and III (Third-Party Liability) should be calculated separately according to the terms of your FAA insurance policy. The total should then be compared to *twice* the premium for Part III alone, and the lesser of the two amounts should be remitted to FAA. (A spreadsheet to help you calculate your premium is available for downloading at <http://insurance.faa.gov>.) The following data is required to allow FAA to verify your calculation of your premium:

Fleet valuation for policy period:	\$_____
Forecast enplanements for policy period:	_____
Forecast RPMs for policy period:	_____
Forecast RTMs on dedicated cargo flights for policy period:	_____
(Note: do NOT include RTMs carried on passenger flights)	

Enplanement = The total number of passengers boarding aircraft. Includes both originating and connecting passengers.

RPM (Revenue Passenger Mile) = One revenue passenger transported one mile in revenue service.

RTM (Revenue Ton Mile) = One ton of enplaned revenue traffic transported one mile on a dedicated air cargo flight.

Amount to be remitted to FAA: \$ _____

Payment in full must be received at FAA within ten (10) days of effective date of policy

Electronic Funds Transfer (FedWire)		Payment by Check
Name of beneficiary:	Federal Aviation Administration	Do not send by U.S. mail. Use only courier service such as UPS, Fed Ex, DHL, Airborne, etc.
Address of beneficiary:	800 Independence Ave., SW Washington, DC 20591	
Receiver (Bank) Name:	TREAS NYC/(69001104)	Federal Aviation Administration Aviation Insurance, APO-3 Room 939 800 Independence Ave., SW Washington, DC 20591
Receiver (Bank) Address:	U.S. Treasury c/o Federal Reserve Bank of New York	
Receiver (Bank) ABA No.:	0210 3000 4	
Account No:	69 00 1104	
Reference:	Invoice Number and Airline Name	

Indicate method of payment: _____ electronic transfer _____ check

Fax invoice to (202) 267-3278 or (202) 267-3324 or (202) 267-5370